1212554

SEC 1972 Potential persons who are to respond to the collection of information contained in this (6-02)form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response...1 RECEIVED DEC 2 6 2002 SEC USE ONLY Prefix Serial DATE RECEIVED

OMB APPROVAL

M&M 2002-1, General Partnership		nt and name n	as changed, ai	nd indicate chang	,	POSTOC
Filing Under (Check box(es) that apply):	[] Rule 504	[] <u>Rule 505</u>	[X] Rule 506	[] Section 4(6)	_	BOCESS JAN 0 J20
Type of Filing: ⋉] New Filing [] Amendment					THOMSON FINANCIAL
	A. BASIC	IDENTIFICAT	ION DATA	halla liki ki ki dalah ki maran ki ki m		
Enter the information requested	about the issue	er				
Name of Issuer ([] check if this is M&M 2002-1, an Ohio General Pa		t and name ha	as changed, an	d indicate change	e.)	
Address of Executive Offices (Including Area Code)	(Number and S		ate, Zip Code)	Telepho	ne Number	NAMESONALINA

Address of Principal Busin (Including Area Code) (if different from Executive	ess Operations (Number and Street, City, State, Zip Code) Telephone Number Offices)
Brief Description of Busine	ess
Type of Business Organiza	ation
[] corporation	[] limited partnership, already formed [x] other (please specify):
[] business trust	[] limited partnership, to be formed Ohio General Partnership
Particular and a superior and the state of t	Month Year
Actual or Estimated Date of	of Incorporation or Organization: [0] 1] [0] 2] [] Actual [x] Estimated
Jurisdiction of Incorporatio	on or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [O][H]

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [x]	General and/or Managing Partner
Full Name (Last name Egnotovich, Matthew	e first, if individua	1)			
Business or Residence 3566 Avanti Ln., Unic			, City, State, Zip C	ode)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name	e first, if individua	l)			
Business or Residence	ce Address (Num	ber and Street	, City, State, Zip C	ode)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name	e first, if individua	l)			
Business or Residence	ce Address (Num	ber and Street	, City, State, Zip C	ode)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name	e first, if individua	I)			
Business or Residence	ce Address (Num	ber and Street	, City, State, Zip C	ode)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last name	e first, if individua	1)			
Business or Residence	ce Address (Num	ber and Street	, City, State, Zip C	ode)	

Check Apply:	(Box(es)	that	[] Pr	omoter []	Benefici Owner	ial	[] Exec		[] D	irector [] Genera Manag Partne	
Full N	ame (Las	st name	e first, if	individual)							
Busin	ess or Re	sidenc	e Addre	ess (Numb	er and S	treet, C	ty, State	, Zip Co	de)			
Check Box(es) that [] Promoter [] Beneficial [] Executive [] Director [] General and/or Apply: Owner Officer Managing Partner										ing		
Full N	ame (Las	t name	first, if	individual))		•					
Busine	ess or Re	sidenc	e Addre	ess (Numb	er and S	treet, Ci	ty, State	, Zip Co	de)			
	((Jse bla	nk she	et, or cop	y and u	se addi	tional co	pies of	this she	et, as n	ecessar	y.)
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				Ь,	INFORM	VIA HON	ABOUT	OFFER	ING			
	s the issuring?	er sold	, or doe	s the issue	er intend	to sell,	to non-a	ccredited	l investo	rs in this		Yes No [][x]
			Ans	swer also i	in Appen	dix, Col	umn 2, if	filing un	der ULO	E.		
2. Wh:	at is the r	ninimu	m inves	tment that	t will be a	accepted	I from ar	ny individ	ual?			\$12,500
3. Doe	es the offe	ering p	ermit joi	nt owners	hip of a s	single ur	nit?					Yes No [][x]
or indi with sa broker or dea	rectly, an ales of se or deale ller. If mo	y comr curities r regist re than	nission in the ered wi five (5)	ested for e or similar offering. If th the SEG persons f information	remuner a persor c and/or to be liste	ation for n to be l with a s ed are a	solicitat isted is a tate or si ssociate	ion of pu an assoc tates, list d person	rchasers iated per the nam	s in conr son or a ne of the	ection gent of a broker	ı
	ame (Las prop, Inc.		first, if	individual))						######################################	ennieros ariabaniananananananananananananananananan
	ess or Re ope Rd.,			ss (Numb J 07724	er and S	treet, Ci	ty, State	, Zip Coo	de)			
	of Assoc ny DeGre			r Dealer								
				d Has Soli k individ				Purchas	ers	ſ] All St	ates
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[IL]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ] X	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Las	t name	first, if	individual))	**************************************						
Busine	ess or Re	sidenc	e Addre	ss (Numb	er and S	treet, Ci	ty, State	, Zip Cod	de)			
Name	of Assoc	iated E	roker o	r Dealer			······································					

								it Purcha	sers	_		
(Chec	k "All	States"	or chec	k indiv	idual St	ates)		••		[] All St	tates
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK] [WI]	[OR] [WY]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX] 	[UT]	[VT]	[VA]	[WA]	[WV]	[vvi]	[vvij	[PR]
Full N	ame (La	st name	first, if i	individua	al)							
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)			
Name	of Asso	ciated E	Broker or	Dealer								
States	in Whic	h Perso	n Listed	l Has Sc	licited o	r Intends	to Solici	it Purcha	sers	****		
(Chec	k "All	States"	or chec	k indiv	idual St	ates)		••		[] All St	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	((Use bla	ank she	et, or co	py and	use add	ditional o	copies of	f this sh	eet, as n	ecessar	y.)
	C.	OFFERI	NG PRI	CE, NU	MBER C	F INVE	STORS,	EXPENS	SES AND	USE O	PROC	EEDS
and th the tra the co	e total a	mount an is an e	already s xchange	sold. Ent	ter "0" if g, check	answer i this box	s "none" " and ind	is offering or "zero. dicate in change a	." If			
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Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Sec	curity Sold
Rule 505	N/A	\$N/A
Regulation A	N/A	\$N/A
Rule 504	N/A	\$N/A
Total	N/A	\$N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total		[]\$ [X]\$1,000 [X]\$5,000 [X]\$1,000 ⋈\$0 ⋈\$0 ⋈\$0 ⋈\$0 [X]\$14,000
 Enter the difference between the aggregate offering price given in respondence of the control of t		\$3,986,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proof the issuer set forth in response to Part C - Question 4.b above.	he	
	Office Direc Affilia	ctors, & To ates Others
Salaries and fees	\$500	30,000- M \$0
Purchase of real estate	[] \$	[] \$
Purchase, rental or leasing and installation of machinery and equipment	[] \$	[]
Construction or leasing of plant buildings and facilities	[] \$	[] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer	[]	[]

\$ 1,042,500

Total (for filings under Rule 504 only)

pursuant to a merger)	•••••		
Repayment of indebtedness		[] [\$\$]
Working capital	•••••		×] 3,486,000
Other (specify):			_
		[]]
Column Totals		\$\$ [x] \$80,000- [:	
			3,486,000
Total Payments Listed (column totals added)		[x] \$486,000-	-3,966,000
D. FEDERAL	SIGNATURE	**************************************	
he issuer has duly caused this notice to be signed by the led under Rule 505, the following signature constitutes a ecurities and Exchange Commission, upon written requiry non-accredited investor pursuant to paragraph (b)(2)	in undertaking by the is est of its staff, the infori	suer to furnish to	the U.S.
		Date	
suer (Print or Type) M&M 2002-1,	Signature	Date	1
	Mules	12/24	2002
n Ohio general partnership	Signature Mattegar Title (Print or Typ	12/24	200 Z
n Ohio general partnership	Mules	12/24	200 Z tner
n Ohio general partnership	Mules	12/24	200 Z tner
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Intentional misstatements or omissions of fact	Title (Print or Typ	e) Managing Par	tner
n Ohio general partnership ame of Signer (Print or Type) Matthew Egnotovich ATTER	Title (Print or Typ	e) Managing Par	tner
ame of Signer (Print or Type) Matthew Egnotovich ATTER Intentional misstatements or omissions of fact U.S.C.	Title (Print or Typ	e) Managing Par	tner
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ame of Signer (Print or Type) Matthew Egnotovich ATTER Intentional misstatements or omissions of fact U.S.C.	Title (Print or Type) NTION to constitute federal cristal and the constitute federal	e) Managing Par	tner

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

	Signature	Date
an Ohio general partnership		121 1
	Mostle to	12/24/2002
	Jau China	
Name of Signer (Print or Type) Matthew Egnotovich	Títle (Print or Type) Mana	ging Partner

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	Intend to no accred investo State (Part B-I	to sell on- dited ors in te	3 Type of security and aggregate offering price offered in state (Part C-Item 1)	an	Type of in nount purcl (Part C	Disqualii under ULC (if yes, explana waiver g	5 Idlification er State JLOE es, attach anation of r granted) E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK	7	X	General Partnership Units	1	100,000	0	0		X
AZ									
AR									
CA									
СО									
СТ									
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MS									
МО		X	General Partnership Units	1	70,000	0	0		X
МТ									
NE									
ΝV		***************							
NH									
NJ		X	General Partnership Units	12	\$285,000	0	0		X
NM									
NY		X	General Partnership Units	3	\$587,500	0	0		X
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http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002 «AK3:608112_1»